2003	C	AMPAIGN CONTRIBUTIONS AND EXPENSES C	ty of Las Veg	jas/State of Nevada
Name (p	30	EPH D. FALCO MAYOR Office (if applicable) LAS VEGAS	NV, 89128	District (if applicable) 869-9119
Mailing A		ess (include city and zip code)	Telephone	e No.
Select A	ppr	opriate Box(es) ANDIDATE PAC BAG POL	. PRTY IND E	XP MENDED
	 	Report #1 – Due April 1, 2003 Period: July 8, 1999 – March 27, 2003 If Elected in 2001: Period: July 6, 2001 – March 27, 2003 BAGs only: Period: July 5, 2001 – March 27, 2003		REC CITY 2003 MAY
A		Report #2 Due – May 27, 2003 Period: March 28, 2003 – May 22, 2003		EIVED CLERK
		Report #3 — Due August 15, 2003 Period: May 23, 2003 - July 3, 2003	FOR OF	FICE USE ONLY
		BEGINNING CASH ON HAND		
	1.	Cash on Hand at Beginning of This Reporting Period		NONE
		CONTRIBUTIONS SUMMARY	, a vejej	
	2.	Total Monetary Contributions Received This Period in Excess of \$100		200
	3.	Total Monetary Contributions Received This Period of \$100 or Less		NONE
	4.	Actual Number of Monetary Contributions This Period of \$100 or Less	NONE	
	5.	Interest and Income Earned This Period on Contributions		NONE
	6.	Total Amount of Monetary Contributions Received (Add Lines 2, 3 and 5		200
	7.	SUBTOTAL (Add Lines 1 and 6)		200
	8.	Total Value of In Kind Contributions Received This Period	NONE	•
		EXPENSES SUMMARY	Wall State	
		Total Monetary Expenses Paid This Period in Excess of \$100 Total Expenses Contracted for This Period, But Not Paid, in Excess of \$100	NONE	200
		Total Monetary Expenses Paid This Period of \$100 or Less Total Expenses Contracted for This Period, But Not Paid, of \$100 or Less	MOME	NONE
	13.	Expense for Filing Fee Paid This Period (Do not Include in Line 9 or 11 Abo	ve)	NONE
	14.	Total Amount of All Monetary Expenses Paid (Add Lines 9, 11, and 13)		200
		Total Value of In Kind Expenses This Period	NONE	
		ENDING CASH ON HAND		
	16.	Cash on Hand at Close of This Reporting Period (Subtract Line 14 from Li	ne 7)	NONE
		AFFIRMATION		
I Decla	re l	Under Penalty of Perjury That the Foregoing is True and Correct.		5/16/03
Signatur	e ,	11000		Date
ELPG20	1.d6	Revised: NOV-02	PAGE) OF /

Name (print)

JOSEPH	D. FALCO	MAYOR
	Office (if :	applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
4/4/03 200 LOAN TO HYSELF	414103	300	TO MYSELF YES
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PAGE 2 OF 2

-	POSEPH	D,	FA	100
Name (print)	- /	•		Office (if applic

District (if applicable)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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JOSEPH D, FALCO

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D MAY
Expenses related to paid staff	E B
Expenses related to consultants	F ?
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

PAGE 4 OF 4

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

#2

JOSEPH D. FALCO

MAYOR

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
K-NEWS NEWS RADIO 970	D	4/4/03	\$ 200
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JOSEDH D. FALCO

MAYOR If applicable

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH	AMOUNT ** OF EACH	CATEGORY
EXPENSE	EXPENSE	
MONE		
	-	
	-	

DATE OF EACH	AMOUNT OF EACH	CATEGORY
EXPENSE	EXPENSE	
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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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IN	KIND	CAMI	PAIGN
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#	2

JOSEPH D. FALCO

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
NONE				
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Revised: Jan-03 PAGE S OF S

#2

Name (print) D, FALCO

MAYOR re (if applicable)

District (if applicable)

IN KIND

Contributions of \$100 or Less

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	
NONE			
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		2: 16	

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Name (print) Name (print)

MAYOR (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST ' OF EACH IN KIND EXPENSE
NONE			
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			EIVED CLERK

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JOSEPH D. FALCO

MAYOR
fice (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
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Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294a.360, 294A.362